



Form 63-20P
Premium Excise Return
for Life Insurance Companies

2005

Massachusetts
Department of
Revenue

For calendar year 2005 or taxable year beginning**2005 and ending**

Name of company

Federal Identification number

►

►

Mailing address

City/Town

State Zip

Name of treasurer

Has the federal government changed your taxable income for any prior year which has not yet been reported to Massachusetts? Yes No**Premium Excise****Domestic Life Insurers.** Enclose a copy of Schedule T of NAIC Annual Statement.

- | | | |
|---|--------------------------|--|
| 1 Taxable life premiums (from Part I, line 10) | ► \$ _____ × .02 = ► 1 | |
| 2 Net value of policies (from Schedule DL-1A, Part II, line 12) | ► \$ _____ × .0025 = ► 2 | |
| 3 Applicable measure (from line 1 or line 2) | ► 3 | |
| 4 Taxable accident and health premiums (from Part I, line 11) | ► \$ _____ × .02 = ► 4 | |
| 5 Credit Recapture (enclose Schedule H-2) | ► 5 | |
| 6 Excise due before credits. Add lines 3 through 5 | ► 6 | |

Foreign Life Insurers. Enclose a copy of Schedule T of NAIC Annual Statement.

- | | | |
|--|-------------------------|--|
| 7 Taxable life premiums (from Part 2, line 7) | ► \$ _____ × .02 = ► 7 | |
| 8 Retaliatory computation (from Part 3, col. a) | ► 8 | |
| 9 Applicable measure (enter the larger of line 7 or line 8) | ► 9 | |
| 10 Taxable accident and health premiums (from Part 2, line 12) | ► \$ _____ × .02 = ► 10 | |
| 11 Retaliatory computation (from Part 3, col. b) | ► 11 | |
| 12 Applicable measure. Enter the larger of line 10 or line 11 | ► 12 | |
| 13 Credit recapture (enclose Schedule H-2) | ► 13 | |
| 14 Excise due before credits. Add lines 9, 12 and 13 | ► 14 | |

Credits

- | | | |
|--|------|--|
| 15 Enter .015 of company's capital contribution in excess of the full proportionate share in the Massachusetts life insurance company community investment initiative | ► 15 | |
| 16 Enter .015 of proportionate share of cost of equity securities and outstanding principal balance of debt securities constituting of qualified investments of Massachusetts Capital Resource Company (enclose computation) | ► 16 | |
| 17 Enter .10 of Mass. Life and Health Insurance Guaranty Association assessment paid in the prior years. See instructions | ► 17 | |
| 18 Economic Opportunity Area Credit (enclose Schedule EOAC). Do not claim here if claimed on Form 63-23P | ► 18 | |
| 19 Full Employment Credit (enclose Schedule FEC). Do not claim here if claimed on Form 63-23P | ► 19 | |
| 20 Low-Income Housing Credit (enclose documentation). Do not claim here if claimed on Form 63-23P | ► 20 | |
| 21 Historic Rehabilitation Credit (enclose documentation). Do not claim here if claimed on Form 63-23P | ► 21 | |
| 22 Home Energy Efficiency Credit. Do not claim here if claimed on Form 63-23P | ► 22 | |
| 23 Solar Heat Credit. Do not claim here if claimed on Form 63-23P | ► 23 | |
| 24 Total credits. Add lines 15 through 23 | ► 24 | |

Excise after credits

- | | | |
|--|------|--|
| 25 Excise due before voluntary contribution. Subtract line 24 from line 6 or line 14, whichever applies. Not less than "0" | ► 25 | |
| 26 Voluntary contribution for endangered wildlife conservation | ► 26 | |
| 27 Total excise plus voluntary contribution. Add lines 25 and 26 | ► 27 | |

Under the penalties of perjury, I declare that I have examined this return, including attachments, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

| | | | |
|---|------------------------|------------------|------|
| Signature of appropriate corporate officer (see instructions) | Social Security number | Telephone number | Date |
|---|------------------------|------------------|------|

| | | | |
|----------------------------|--------------------------------|---------|------|
| Signature of paid preparer | Employer Identification number | Address | Date |
|----------------------------|--------------------------------|---------|------|

If you are signing as an authorized delegate of the appropriate corporate officer, check here and attach Mass. Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Make check or money order payable to: **Commonwealth of Massachusetts**. Mail to: **Massachusetts Department of Revenue, PO Box 7052, Boston, MA 02204**.

Payments

| | | |
|---|-------------|--|
| 28 2004 overpayment applied to 2005 estimated tax | ► 28 | |
| 29 2005 Massachusetts estimated tax payments (do not include amount from line 28)..... | ► 29 | |
| 30 Payments made with extension | ► 30 | |
| 31 Total payments. Add lines 28 through 30 | 31 | |

Refund or balance due

| | | |
|--|-------------------------|--|
| 32 Amount overpaid. Subtract line 27 from line 31 | 32 | |
| 33 Amount overpaid to be credited to 2006 estimated tax | ► 33 | |
| 34 Amount overpaid to be refunded. Subtract line 33 from line 32..... | ► 34 | |
| 35 Balance due. Subtract line 31 from line 27 | 35 | |
| 36 M-2220 penalty ► \$ _____; Other penalties ► \$ _____ | Total penalty 36 | |
| 37 Interest on unpaid balance | ► 37 | |
| 38 Total payment due at time of filing. | ► 38 | |

Part 1. Domestic Life Premium Excise Calculation

| | Life insurance | | Accident and health insurance | |
|---|---------------------|---|-------------------------------|---|
| | a. Massachusetts | b. Jurisdictions where no insurance excise paid | c. Massachusetts | d. Jurisdictions where no insurance excise paid |
| 1 All new and renewal (direct) premiums for Massachusetts residents | 1 | ► | ► | ► |
| 2 Dividends applied to: | | | | |
| a Purchase paid-up additions | 2a | ► | ► | ► |
| b Shorten premium paying period | 2b | ► | ► | ► |
| 3 Total. Add lines 1 through 2b | 3 | | | |

Deductions. Include only what has been returned as receipts on this return or on a previous return.

| | | | | |
|--|-----------|---|---|-----------|
| 4 Returned premiums but not including cash surrender values (enclose schedule)..... | 4 | ► | ► | ► |
| 5 Premiums for company employees' group life and accident and health plans if included in line 1* | 5 | ► | ► | ► |
| 6 Gross premiums for authorized preferred provider arrangements..... | 6 | ► | ► | ► |
| 7 Dividends: | | | | |
| a Paid in cash..... | 7a | ► | ► | ► |
| b Applied in reduction of renewal premiums | 7b | ► | ► | ► |
| c Left to accumulate at interest | 7c | ► | ► | ► |
| d Applied to purchase paid-up additions | 7d | ► | ► | ► |
| e Applied to shorten premium paying period | 7e | ► | ► | ► |
| 8 Total deductions. Add lines 4 through 7e..... | 8 | | | |
| 9 Amount taxable. Subtract line 8 from line 3.... | 9 | | | |
| 10 Total life amount taxable. Add line 9, columns a and b | | | | 10 |
| 11 Total accident and health amount taxable. Add line 9, columns c and d | | | | 11 |

*Premiums under the company employees' group plans for annuity consideration and retirement benefits shall not be deducted.

Part 2. Foreign Life Premium Excise Calculation

Life Premiums

| | | | |
|---|------|--|--|
| 1 All new and renewal direct premiums for all policies of life insurance allocable to Massachusetts | ► 1 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 2 Dividends applied to: | | | |
| a Purchase paid-up additions | ► 2a | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| b Shorten premium paying period | ► 2b | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 3 Total gross direct premiums. Add lines 1, 2a and 2b | 3 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 4 Returned premiums but not including cash surrender values | ► 4 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| Itemized supporting schedule is required as part of line 4. | | | |
| 5 Dividends: | | | |
| a Paid in cash | ► 5a | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| b Applied in reduction of renewal premiums | ► 5b | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| c Left to accumulate at interest | ► 5c | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| d Applied to purchase paid-up additions | ► 5d | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| e Applied to shorten premium paying period | ► 5e | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 6 Total deductions. Add lines 4 through 5e | 6 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 7 Taxable premiums. Subtract line 6 from line 3. Enter the result on page 1, line 7 | 7 | <table border="1"><tr><td></td></tr></table> | |
| | | | |

Accident and Health Premiums

| | | | |
|--|------|--|--|
| 8 Total net direct premiums for insurance of property or interests in Massachusetts | ► 8 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 9 Dividend deduction. Premiums returned or credited to policyholders | ► 9 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 10 Premium deduction. Gross premiums for authorized Preferred Provider arrangements | ► 10 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 11 Total deductions. Add lines 9 and 10 | 11 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 12 Taxable amount. Subtract line 11 from line 8. Enter the result on page 1, line 10 | 12 | <table border="1"><tr><td></td></tr></table> | |
| | | | |
| 13 Are net direct premiums reported in line 8? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. | | | |
| 14 Have all dividends claimed as a deduction in line 9 been included as taxable premiums in line 4 on this return or on a previous Massachusetts return? | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. | | | |

Part 3. Computation of Retaliatory Tax

Use the space below to calculate your excise using the identical method and the same rate used by the state in which you are incorporated in taxing a like Massachusetts insurance company, or its agents, if doing business to the same extent. If the computation in the state of your incorporation is in every respect the same as your Massachusetts computation, a statement to that effect should be made.

| a. Life computation | b. Accident and health computation |
|---------------------|------------------------------------|
| | |